

NEW YORK STATE DEPARTMENT OF HEALTH OFFICIAL BURIAL (OR REMOVAL) PERMIT

See This Permit can be signed only by the Local Registrar (Deputy or subregistrar) of the Primary Registration District (Town, Village, or City) in which the death occurred after the FILING and acceptance of a CORRECT AND COMPLETE CERTIFICATE OF DEATH, LEGIBLY WRITTEN IN DURABLE BLACK INK.

Dist. No. 303 County Albany Town Johnston City Registered No. _____
(if city, give street address)

Name of deceased Carol Jones Taylor Veteran (If veteran—give name of War) _____

Sex F Color W Single, married, widowed, widowed Date of Death 5/22/56

Age 66 Years 14 Months 17 Days 12 Birthplace Edinburg, Tenn

Cause of Death _____

Certificate was signed by K. K. K. K. K. M.D. _____

Address Edinburg, Tenn

Place of Burial (or Removal) Edinburg, Tenn Date of Burial 5/25/56

Cemetery Edinburg, Tenn

(If body is to be temporarily held, fill in space later)

The Certificate of Death containing the above stated particulars, having been presented to me, after careful examination, the same appearing to be COMPLETE, CORRECT, AND SATISFACTORY AS REQUIRED BY LAW;

I have accepted the same for registration, have recorded it in my Local Record with the above stated Registered Number, and on the basis thereof I HEREBY GRANT A PERMIT

to Mrs. Taylor _____

the Mrs. Taylor (Name) _____ to hold temporarily and _____ the body.

(Underdate of person having charge of corpse) _____ (Inter, remove, or otherwise dispose of (state how)) _____

Dated 5/23 1956 (Signed) [Signature] Local Registrar

This Permit is sufficient for the Removal (and Interment or Cremation) of a body to any part of the State (subject to local cemetery or other regulations), unless removal is by common carrier, in which case a Transit Permit (VS No. 62) is required.